

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 771661		me of the limited lial neral Contracti			-			
3. State of Formation	Brief description of the character of business conducted in Rhode Island General Contractor							
5. Principal office address 17 Nassau Street			City Pawtucket	State RI	Zip 02860			
Contact Name Paul R. Pion	tiget from the translation of the second	et formelle for the second of the second	Contact Title Member	the output with an early the tree payment.				
Street Address 17 Nassau Street			City Pawtucket	State RI	Zip 02860			
7. List <u>all</u> Managers (1 ("X" Box for attachi	YAMES AND ADI	RESSES) OF THE	LARTED LIABILITY COMPANY, I	FAPPLICABLE - <u>po</u>	NOT UST MEMBERS			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
lanager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
L RESIDENT AGENT IN FIN								
Inis information is currentl	y of record in the	e Office of the Seci	retary of State. Changes require	filing Form 642.				

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Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained feelin are true and correct.

Signature of Authorized Person

Date

Paul R. Pion

Print or Type Name of Authorized Person